

**TRANSMISSION PROFILE -- RECEIVER'S SPECIFICATIONS**

**RECEIVER NAME:** Kentucky Department of Workers Claims **DATE:** 06/23/97  
**TRADING PARTNER TYPE:** ☒ Jurisdiction ☐ Claims Admin ☐ Employer ☐ Service Bureau ☐ Other  
**RECEIVER IDENTIFIER:** Receiver FEIN: 610600439 Receiver Postal Code: 406016157

**PROFILE ID:** 001 **DESCRIPTION:** Release I of Kentucky EDI Transmission Requirements

**TRANSACTION SETS FOR THIS PROFILE:**

## TRANSACTION INFORMATION

Transaction IAIABC/ANSI	Flat File Response	ANSI Version
148/148	1	3041
A49/148	1	3041
POC/271	N/A	N/A
MED 837	N/A	4010
AKI/824	1	3041

## ACKNOWLEDGMENT INFORMATION

Mode (EDI/Paper/None)	Production Response Period	Level (All/Err/Rejects)
EDI	3 Business	All
EDI	3 Business	All
N/A	N/A	N/A
EDI	3 Business	Rejects / All †
N/A	N/A	N/A

† Accepted transactions acknowledged if required by Sender

**TRANSMISSION FREQUENCIES FOR THIS PROFILE:**

☒ Daily ☐ Weekly -- Select: SUN MON TUE WED THU FRI SAT

☐ Monthly Select Day (1-31): N/A

☐ Quarterly Select Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC ALL  
Select Day (1-31): N/A

☐ Annually Select Month: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC ALL  
Select Day (1-31): N/A

☐ Other: \_\_\_\_\_

Transmission Cut-off Time: 12:00 Midnight

**ELECTRONIC MAILBOX(es) FOR THIS PROFILE:**

**Network:** Celerity/Easylink

	TEST	PROD
Mailbox Acct ID:	N/A	N/A
User ID:	N/A	N/A
Message Class	N/A	N/A

**Network:** IVANS/Advantis

	TEST	PROD
Mailbox Acct ID:	WCST	WCST
User ID:	WCST003	WCST003
Message Class:		

**DIRECT CONNECT AVAILABLE:** ☒ NO ☐ YES -- Specifications attached.

**FLAT FILE RECORD DELIMITER:** CR

**ANSI INFORMATION:**

Segment Terminator 0A  
Data Elements Separator \*  
Sub-Element Separator >

ISA Information: **TEST** **PROD**  
Qualifier: ZZ ZZ  
ID: 610600439 610600439

Functional Acknowledgements for 824 Transmissions? Yes

**TRANSMISSION PROFILE -- SENDER'S RESPONSE**

Return this page to:

**RECEIVER NAME:** Kentucky Department of Workers Claims**RECEIVER IDENTIFIER:** Receiver FEIN: 610600439 Receiver Postal Code 406016157**PROFILE ID:** 001 **DESCRIPTION:** Release I of Kentucky EDI Transmission Requirements**SENDER SELECTIONS/INFORMATION:**

MASTER TRADING PARTNER INFORMATION:

Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

SENDER NAME: \_\_\_\_\_

TRADING PARTNER TYPE: ☐ Jurisdiction ☐ Claims Admin ☐ Employer ☐ Service Bureau  
☐ Other: \_\_\_\_\_

SENDER IDENTIFIER: Sender FEIN: \_\_\_\_\_

Sender Postal Code : \_\_\_\_\_

**TRANSACTION INFORMATION**

Transaction IAIABC/ANSI	Format	Release/ Version	Projected Number per Transmission
148/148			
A49/148			
POC/271	N/A	N/A	N/A
MED 837	ANSI	4010	
AKI/824			

**ACKNOWLEDGMENT INFORMATION**

Mode	Level
EDI	All
EDI	All
N/A	N/A
EDI	

**TRANSMISSION FREQUENCY** (select only one from Receiver's options):☐ Daily ☐ Weekly -- SUN MON TUE WED THU FRI SATN/A Monthly Day (1-31): N/AN/A Quarterly Month(s): JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DECDay (1-31): N/AN/A Annually Month: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DECDay (1-31): N/A☐ Other: \_\_\_\_\_**SELECTED MEDIA:** ☒ Electronic Mailbox ☐ Direct Connect**SENDER'S ELECTRONIC MAILBOX INFORMATION:****Network:** \_\_\_\_\_

	TEST	PROD
Mailbox Acct ID:		
User ID:		
Message Class		